EXHIBIT C

	Case	2.06	-10725-	000 $_{2}$	492	314 <u>F</u> 1	ntered 06/17/1	1de:	1 <u>7649 20ge</u> Pag	e ₂ of 12	
		O	45C 00*	P0120 IBI C	ZIGII I	PR	OOF OF CL	_F			
					This is a first Dea	SAPDUSE	ed to be				
Name of Deb	otor:					Case Number:			1 1 3 4 7 0	21 55 7	4
Traine of Ber								2	de de se	901 67 10	<i>u</i> 51
								1	Harber Ge	ectsetu	wn, a
NOTE: See Re	verse for List	of De	htore and C	ace Numbers		<u> </u>	1	_	12 month	term,	
This form should	d not be used	to m	ake a claim	for an administrativ			Check box if you	uε	Right aft	ev C	
				A "request" for payı to 11 U.S.C. § 503.		of an	aware that anyone el- filed a proof of claim	els: 1 re	201 47	Comi	mer Cial
Name of Cre				10 11 0.0.0. 3 000.			to your claim. Attach statement giving part	h c	Mortgage	Luveston	rs Trust
				113212410	0092	5			24shed d		'
,	ARNOLD FA	MILY	TRUST DA	TED 12/27/95			Check box if you never received any ne	no {	filed for	bankr	uptcy.
1	C/O HANS A 7844 TIBUR(NDRIKA P ARNOL	D TRI	USTEES	from the bankruptcy of BMC Group in this ca	'CI	•		, ,
l .	SPARKS NV						Check box if this	6	good amer		
							differs from the addre	res	Practice.	::, /an	, 65 and
Creditor Teleph	one Number	()					envelope sent to you court.	u 1	can't make	E UP thi	5 1056
			number by	which creditor iden	tifies o	debtor:	1	_			J . 0J,
							Check here L if this claim	=	replaces or a previously amends	filed claim dated	d:
1. BASIS FOR			D ! ! !			Retiree	benefits as defined in	in 11	U.S.C. § 1114(a)	Unremitted	l principal
Goods sol		H	Taxes	ury/wrongful death		_	salaries, and compe		tion (fill out below)		ns against servicei in balances)
Money loa		H	Other (desc	ribe briefly)			r digits of your SS #:			(1107 101 100	ar balance,
I Wioriey loa	i iou			ilbe bliefly)		Unpaid	compensation for se	ervice	es репоппеа from:	to (date)	(date)
2. DATE DEBT	WAS INCUR	RED	:			3. IF (OURT JUDGMENT,	Γ, DA	TE OBTAINED:	(date)	(date)
				ppropriate box or box	es that	t best desc	ribe your claim and stat	ate the	e amount of the claim at t	the time case filed.	
See reverse sid	•	•					SECURED CL	LAIN	4		
				n securing your claim,	or b)	vour claim			x if your claim is secu	red by collateral	(including
	value of the pr			or if c) none or only pa			a right of s				
UNSECURED F		AIM					_	-	on of collateral:	Пан	
	•	an un	secured claim	, all or part of which is	8				te Motor Vehicle	Other	
entitled to pr	•		•				Value of C				
	tled to priority	ı	Ф				Amount of arre		ige and other charges inv: \$	at time case file	ed included in
	priority of the cl		der 11 U.S.C.	§ 507(a)(1)(A) or (a)(1)(B)	г	_		s toward purchase, lease	or readal of people	urb. or
-				00)*, earned within 18					mily, or household use -1		
	of the bankrup hichever is earl			ition of the debtor's	•		_		I to governmental units -		
			•	U.S.C. § 507(a)(5).		L	_		le paragraph of 11 U.S.C		
	,			3 2 3 (2)(3)					o adjustment on 4/1/07 au mmenced on or after the		
5. TOTAL AMO AT TIME CA		MLA	\$		\$		\$			\$, ev
				(unsecured)			(secured)		(priority)		(Total)
Check this b	ox if claim incl	udes	interest or oth	ner charges in addition	on to th	е рллсіра	I amount of the claim.	Atta	ch itemized statement o	of all interest or ad	ditional charges.
			•					•	e of making this proof		
7. SUPPORTI	ING DOCUI	MEN'	TS: <u>Attach (</u> ourt iudomer	copies of supporting	docu	<i>iments,</i> s	uch as promissory no	notes	s, purchase orders, invection of lien. DO NO	oices, itemized s	statements of
							s are voluminous, att			TOLIND CITION	*AL
8. DATE-STA proof of clair		Y:	To receive a	an acknowledgmen	t of the	e filing of	your claim, enclose a	a sta	amped, self-addressed	d envelope and c	opy of this
ACCEPTED) so that it is	actu	ally receive	ed on or before 5:0	00 pm	, prevaili	or hand delivered (I ng Pacific time, on ons, joint ventures,	Nov	rember 13, 2006		E FOR COURT ONLY
governmen		A fill	adding illui	viduais, partifersi	itps, c	•					
BY MAIL TO: BMC Group						BMC Gr	OR OVERNIGHT DEL OUP	LIVE	RY TO:		
Attn: USACM P. O. Box 91	vi Claims Doo	cketin	g Center				ACM Claims Docketi st Franklin Avenue	ting (Center		
	CA 90245-09	911					ndo, CA 90245				
DATE		SIGN	and print the	e name and title, if an	y, of th	ne creditor	or other person authoriz	ized to	o file		
11-8-	2006		1 7	HVGI	_	y, ii cairy)	Marcha ?		11 (A) tato	0	
		claim	is a fine of u	to \$500,000 or impri		ent for up to	Tyears, or both. 18 U.	U.S.C	. 88 152 AND 3571	IV	
., p. 5501			or up			July 10			. 33		

UNITED STATES BANKRUPICY COURT	DISTRICT OF Nevada						
		PROOF OF CLAIM					
Name of Dibtor USC Commercial Mortgagelong	Case Number 06-10925	180					
NOTE This form should not be used to make a claim for an administ							
of the case. A request for payment of an administrative expense may	be filed pursuant to 11 USC \$ 503	necinent					
Name of Creditor (The person or other entity to whom the	Check box if you are aware that else has filed a proof of claim re						
debior owes money or property) ALLDREY M WHIGHTSIL REVOCABLELIVING TRUST	your claim Attach copy of state	× .					
2,7,1.1	giving particulars						
Name and address where notices should be sent	Check box if you have never rec notices from the bankruptcy cou						
AUDRLYM WHIGHTSILTRUSTEE	Case	fram the					
AUDRLYM WHIGHTSILTRUSTEE 12754 JOLEANEAVE, YUMA, AZ 85367	Check box if the address differs address on the envelope sent to						
Telephone number 928 210 - 7396	Check have Inclosed	THIS DIALL IS TON COOK OS CALL					
Last four digits of account or other number by which creditor identifies di btor	Check here replaces of this claim amends a previous	riously filed claim dated					
1 Basis for Claim	LI	efined in 11 USC § 1114(a)					
Goods sold	Wages salaries and Last four digits of y	compensation (fill out below) our SS #					
Services performed Money loaned		on for services performed					
Personal injury/wrongful death	from	to					
Other Su aprilet a	(date)	(date)					
2 Date debt was incurred august 2004	3 If court judgment, date	obtained					
4 Classification of Claim Check the appropriate box or boxes tha	t best describe your claim and state t	he amount of the claim at the time case filed.					
See reverse side for important explanations	Secured Claim						
Unsecured Nonpriority Claim \$ 45,75/19	Check this box if y	our claim is secured by collateral (including					
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it or if c) n	claim or a right of setoff)						
only part of your claim is entitled to priority	Brief Description of						
Unsecured Priority Claim	Real Estate Value of Collateral	Motor Vehicle Other					
Check this box if you have an unsecured claim all or part of when titled to priority	ich is	other charges at time case filed included in					
Amount entitled to priority \$	secured claim if any \$	751.19					
Specify the priority of the claim	Un to \$2.225* of deposits	toward purchase lease or rental of property					
	or services for personal fai	mily or household use - 11 U S C					
Domestic support obligations under 11 U S C \S 507(a)(1)(A) or (a)(1)(B)	§ 507(a)(7)						
Wages salaries or commissions (up to \$10 000),* earned within	180	governmental units - 11 USC § 507(a)(8) paragraph of 11 USC § 507(a)()					
days before filing of the bankruptcy petition or cessation of the debto business whichever is earlier 11 USC \$ 507(a)(4)	rs U outer - speetry applicable	nent on 4/1/07 and every 3 years thereafter					
Contributions to an employee benefit plan - 11 U S C § 507(a)		enced on or after the date of adjustment					
5 Total Amount of Claim at Time Case Filed	\$65751.19 65751.						
Check this box if claim includes interest or other charges in additional charges	(unsecured) (secure tion to the principal amount of the cl	d) (priority) / (Total) aim Attach itemized statement of all					
6 Credits The amount of all payments on this claim has been	credited and deducted for the purpos	e of This Spaci is for Court Use Only					
making this proof of claim 7 Supporting Documents Attach copies of supporting documents	ata anah as assaura						
orders invoices itemized statements of running accounts contract	us, such as promissory notes purchasts court judgments, mortgages secu	ise ntv					
agreements and evidence of perfection of lien DO NOT SENI	ORIGINAL DOCUMENTS If the	self- FILED IAN 1 0 200					
	documents are not available explain. If the documents are voluminous attach a summary						
8 Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim	ng of your claim, enclose a stamped	self-					
Date Sign and print the name and title, if any of the	e creditor or other person authorized	to					
file this claim (attach copy of power of attorn	ey, if any)	USA CMC					
(cerdines of these	Star heart.	1072501974					

Case 06-10725-awz Doc 8492-		ered 06/17/11 17:49	1:20 Pag	e 4 of 12
	PRO	OOF OF CLAIM	Ü	
Name of Debtor	Case Nu	ımber		
USA COMMERCIAL MONTGAGE	01	12-100		
Com PARY	06	10725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers	<u>L</u>			
as form should not be used to make a claim for an administrative exp		Check box if you are		
using after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U.S.C. § 503	of an	aware that anyone else has filed a proof of claim relating		
Name of Creditor and Address		to your claim. Attach copy of statement giving particulars		
1132124100026	6	states and giving particulars		
BENJAMIN & ALEATH NICOSIA FAMILY	•	Check box if you have		
TRUST DATED 5/10/02		never received any notices from the bankruptcy court or	DO NOT FILE TI	HIS PROOF OF CLAIM FOR A
C/O BENJAMIN NICOSIA & ALEATH NICOSIA TRUS	TEES	BMC Group in this case	SECURED INTE	REST IN A BORROWER THAT IS NO
15775 W VERDE LN GOODYEAR AZ 85338-8124		Check box if this address	ONE OF THE DI	ready fied a proof of claim with the
COODIENTAL GOOD-VIEW		differs from the address on the envelope sent to you by the		t or BMC you do not need to file ag-
Creditor Telephone Number () 623 - 931 - 3897		court	THIS SPA	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check-here replace	ces	
		If this claim amen		y filed claim dated
1 BASIS FOR CLAIM	Retiree	penefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death				
Services performed Taxes	•	salaries and compensation (i r digits of your SS #	nii out below)	Other claims against servi (not for loan balances)
Money loaned Other (describe bnefly)		compensation for services per	formed from	4-
and the state of t	o para v	Ampandadir for adi videa per	ionned nom	(date) (date)
DATE DEBT WAS INCURRED 2/17/2004	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descr	ibe your claim and state the amor	ant of the claim at	the time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$		Check this box if yo	our claim is secu	ired by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)		,
entitled to priority		Bnef description of	collateral	
NSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehici	e Dother
entitled to priority		Value of Collateral		2,000-00
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim if any		OCHINO CASE INC. INCIACCO III
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits towa	rd numbee lese	e or routal of property o
Wages salaries or commissions (up to \$10 000)* earned within 180 days	Same.	services for personal family o	r household use -	11 USC § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)		Taxes or penalties owed to go		
Contributions to an employee benefit plan 11 USC § 50/(a)(5)	<u>l</u>	Other Specify applicable para		
3 - 1 - 2 - 2 - 2		Amounts are subject to adjust with respect to cases commen	dment on 4/1/07 a ced on or after the	and every 3 years thereafter to date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$	100,0	000 00 \$		\$
AT TIME CASE FILED (unsecured)	-	secured)	(prionty)	/Total)
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim. Attach iter	nized statement	of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred				<u>_</u>
SUPPORTING DOCUMENTS Attach copies of supporting docu				
unning accounts contracts court judgments mortgages security a	agreement	s and evidence of perfection	of lien DO NO	OT SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the d			•	
DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim, enclose a stamped	self-addresse	d envelope and copy of this
The original of this completed proof of claim form must be sent	hy mail c	or hand delivered (FAXES N	ОТ	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm				USE ONLY
for each person or entity (including individuals, partnerships, c	orporatio	ns joint ventures, trusts an	d	
governmental units) BY MAIL TO SING COME		OR OVERNIGHT DELIVERY TO		USA CMC
BMC Group Attn USACM Claims Docketing Center	Attn USA	up .CM Claims Docketing Center		
P O Box 911	1330 Eas	t Franklin Avenue		1072500707
		to, CA 90245		1
DATE SIGN and print the name and title if any of the tibs claim (attach copy of payer of attorn	e creditor of ney if anyi	omer person authorized to file		ED OCT O 4 2000
10/20/2006 \ Duramen A/11011a	TAIL	CIFE	FI	ED OCT 2 4 2006
Fenalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonme.	he for up to	5 years or both 18 U.S.C. 86 t	52 AND 3571	1
77//				

aleath Necona, trustee

		८५:४५५, स्टिश्चर १४, ५० ० भरते । ८५: ८४:५३ - १४,५४%	PRO	OF OF CLAIM	9:20 Pa (Je 5 01 12
No	CD-l-V		Coop No			
Nai	me of Debtor:	. 11	Case Nu	mber:		
\ \), SA Comeeci	AL MORTGAGE COMPAUX	$ \mathcal{B}_{K} $.5-06-10725 LBR		
This arisi	form should not be used ing after the commencer	of Debtors and Case Numbers. I to make a claim for an administrative e tent of the case. A "request" for paymer be filed pursuant to 11 U.S.C. § 503.		Check box if you are aware that anyone else has filed a proof of claim relating		
	me of Creditor and			to your claim. Attach copy of statement giving particulars.		
	HUMBERTO 72 PARADIS	11321241006 ² D`ELIA	157	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. Check box if this address differs from the address on the envelope sent to you by the	SECURED INTEI ONE OF THE DE If you have alr	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS. ready filed a proof of claim with the t or BMC, you do not need to file again.
Cre	ditor Telephone Number	(102) R9H - 8958		court.		CE IS FOR COURT USE ONLY
		other number by which creditor identifie	es debtor:	Check here replac	es proviously	y filed claim dated:
4.5	ASIS FOR CLAIM			if this claim amen	ds	
_	Goods sold	Personal injury/wrongful death		penefits as defined in 11 U.S.		Unremitted principal
	Services performed	Taxes	_	salaries, and compensation (f	ill out below)	Other claims against servicer (not for loan balances)
i —	Money loaned	Other (describe briefly)		digits of your SS #:		(not to roun balances)
-	Money loaned		Unpaid d	compensation for services per	formed from:	to
2. D	ATE DEBT WAS INCUR	RED:	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
		AIM. Check the appropriate box or boxes to	hat best descr	be your claim and state the amou	ınt of the claim at	the time case filed.
1	ee reverse side for important	·		SECURED CLAIM		
	Check this box if: a) there is	s no collateral or lien securing your claim, or	b) your claim	Check this box if you a right of setoff).	our claim is secu	red by collateral (including
	entitled to priority.	operty securing it, or if c) none or only part of	r your claim is	Brief description of	collateral:	
UNS	SECURED PRIORITY CL	AIM		Real Estate	_	e 🔲 Other
	Check this box if you have entitled to priority.	an unsecured claim, all or part of which is		Value of Collateral:		Julion
ĺ	Amount entitled to priority	\$			· —	at time case filed included in
ł	Specify the priority of the cl	laim:		secured claim, if any:		- acamo odoo mod modoo m
	Domestic support obligation	ns under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)) [Up to \$2,225* of deposits towa	rd purchase, lease	e, or rental of property or
\Box		ssions (up to \$10,000)*, earned within 180 da tcy petition or cessation of the debtor's	iys	services for personal, family, o		• () ()
Γ		ier - 11 U.S.C. § 507(a)(4).	<u> </u>	Taxes or penalties owed to gov Other - Specify applicable para		
	Contributions to an employ	ee benefit plan - 11 U.S.C. § 507(a)(5).	L.,	* Amounts are subject to adjus	* ·	• (,,,,,
-	OTAL AMOUNT OF OL		<u> </u>	with respect to cases commen	ced on or after the	date of adjustment.
	OTAL AMOUNT OF CLA AT TIME CASE FILED:	· ·				\$
	Check this box if claim incl	(unsecured) udes interest or other charges in addition to	,	ecured) amount of the claim. Attach iter	(priority) nized statement ((Total) of all interest or additional charges.
7. S	SUPPORTING DOCUMENTING ACCOUNTS, contract DOCUMENTS. If the docuMENTS of t	of all payments on this claim has been or MENTS: Attach copies of supporting docts, court judgments, mortgages, security cuments are not available, explain. If the Y: To receive an acknowledgment of	ocuments, su y agreement e documents	ich as promissory notes, purc s, and evidence of perfection are voluminous, attach a sun	hase orders, inv of lien. DO NO nmary.	voices, itemized statements of OT SEND ORIGINAL
<u> </u>	proof of claim.		A B			·
1	ACCEPTED) so that it is	pleted proof of claim form must be se actually received on or before 5:00 p y (including individuals, partnerships	m, prevailin	g Pacific time, on Novembe	r 13, 2006	THIS SPACE FOR COURT USE ONLY
	governmental units). BY MAIL TO:	, , , , , , , , , , , , , , , , , , ,	•	OR OVERNIGHT DELIVERY TO		USA CMC
1	BMC Group	destina a Compton	BMC Gro	up		1072500951
	Attn: USACM Claims Doc P. O. Box 911	cketing Center		.CM Claims Docketing Center t Franklin Avenue	-	-
	El Segundo, CA 90245-09		El Seguno	do, CA 90245		
DA1	TE 10/31/2006	SIGN and print the name and title, if any, of this claim (attach copy of power of att	tomey, if any):			 FILFD NOV 0 2 200
1 1	1 - 1	and the second	HU	NAFOTO DELIA		1

Case 06-10725-gwz Doc 8492-3 Entered 06/17/11 17:49:20 Page 6 of 12 PROOF OF CLAIM Case Number Name of Debtor 06-10725 (LBR) USA COMMERCIAL MORTGAGE CO NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are aware that anyone else has ansing after the commencement of the case. A "request" for payment of an filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 to your claim Attach copy of Name of Creditor and Address statement giving particulars 11321241002321 Check box if you have SUSAN C GRUSH never received any notices 24402 LA HERMOSA AVE DO NOT FILE THIS PROOF OF CLAIM FOR A from the bankruptcy court or BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT LAGUNA NIGUEL CA 92677-2113 ONE OF THE DEBTORS Check box if this address If you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the Creditor Telephone Number (949) 463 5465 THIS SPACE IS FOR COURT USE ONLY Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Wages, salaries and compensation (fill out below) Other claims against servicer Services performed (not for loan balances) Taxes Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from (date) (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ 50,000 +

Check this box if a) there is no collateral or lien securing your claim or b) your claim Check this box if your claim is secured by collateral (including a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) Other Specify applicable paragraph of 11 U S C § 507(a) (_ Contributions to an employee benefit plan 11 U S C § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED (secured) (pnority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices itemized statements of running accounts, contracts court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center FILED NOV 0 6 2008 P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo, CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

11.3 06

	PR	OOF OF CLAIM		
		OOI OF CLAIM		
Name of Debtor	Case N	lumber:		
USA Commercial Mortgage Company	I	0725-LBR		
	00-11	VI 23-LDK		
NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administrative expanding after the commencement of the case. A "request" for payment of administrative expense may be filed supported.	ense	Check box if you are		
THE PROPERTY OF THE CHARLES IN TO 11 LLC C C FOR	or an	aware that anyone else has filed a proof of claim relating	IF YOU AR	E ONLY OWED MONEY BY A BORROWER
Name of Creditor and Address:		to your claim Attach copy of statement giving particulars.	DEBTORS	YOU DO MOT HAND TO BY THE
HEYBOER, JUDY)	Check boy if you have		THIS INCLUDES MONEY FROM THAT R HELD IN THE COLLECTION ACCOUNT
1150 HIDDEN OAKS DRIVE MENLO PARK CA 94025		from the bankruptcy court or		
		owic Group in this case	OCCURED I	E THIS PROOF OF CLAIM FOR A NTEREST IN A BORROWER THAT IS NOT
		differs from the address on the		E DEBTORS. To already filed a proof of claim with the
Creditor Telephone Number (650) 32-1 3 37()		envelope sent to you by the court.	ownia abich i	Jourt of BMC, you do not need to file again
Last four digits of account or other number by which creditor identifies de	ebtor		THISS	PACE IS FOR COURT USE ONLY
306 Harbor Georgian	1	Check here replace	a previo	busly filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury to an analysis of the sold of the	Retiree I	amend	0	
Goods sold Personal injury/wrongful death Taxes	Wages.	penefits as defined in 11 U.S.C.	§ 1114(a)	- Printelput
Money loaned Other (describe backs)	rast lour	salanes, and compensation (fill digits of your SS #-		(not for loan balances)
(account bitely)	Unpaid o	compensation for services perfo	ormed from	to
2. DATE DEBT WAS INCURRED	3. IF C	OURT JUDGMENT, DATE OB	TAMES	
See reverse side for important explanations	est descri	be your claim and state the amoun	of the claim	at the time case fled
CHOCORED HORPROORITY CLAIM S		SECURED CLAIM	7	
Check this box if a) there is no collateral or lien securing your claim, or b) you exceeds the value of the property securing it, or if c) none or only part of your entitled to priority	ur claim	Check this box if your	claım ıs se	cured by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM	ciaim is	a right of setoff) Brief description of co		
Check this box if you have an unsecured class all asset to the				_
oriuse to priority		Value of Collateral	Motor Veh	cle
Amount entitled to priority \$			\$	
Specify the priority of the claim Domestic support obligations under 44414 C.		secured claim, if any \$	other charge	es at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages, salaries, or commissions (up to \$10 000)*, earned within 180 days before filing of the bankruntcy patition or control of the bankruntcy patition		Up to \$2,225* of deposits toward pservices for personal family or be	ourchase les	ise or rental of property as
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)	П	Language serial versity Of 150	ash Digitash	-11 U S C & 507/a\/7\
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		Taxes or penalties owed to govern Other - Specify applicable paragra	nh of 11 11 @	C 8 507/-1/
TOTAL AMOUNT OF CLARK		with respect to cases commenced	m4 41410**	
AT TIME CASE FILED \$ 7/5	000	, 60 \$	GIT OF BILLET U	s date or adjustment
(Unsecured)			nonty)	(Total)
Check this box if claim includes interest or other charges in addition to the price.	ncipal an	nount of the claim Attach itemize	d statement	of all interest or additional charges
SUPPORTING DOCUMENTS	and ded	lucted for the purpose of making	a this proof	of cloum
TUTIFIED accounts contracts count independent	<u>wa.</u> Suci	as dromissory notes number		voices, itemized statements of
DOCUMENTS If the documents are not available, explain if the documents are not available.	nents an	e voluminous, attach a summa	en DONO Ty	OT SEND ORIGINAL
DATE-STAMPED COPY To receive an acknowledgment of the filin	g of you	r claim, enclose a stamped, se	f-addresse	d envelope and copy of this
The original of this completed proof of claim form must be sent by r ACCEPTED) so that it is actually received on or before 5-00 pm, pres for each person or entity (including individuals, partnerships, comp	nail or h	and delivered (FAXES NOT		THIS SPACE FOR COURT
for each person or entity (including individuals, partnerships, corpo	valling F rations,	acific time, on November 13 Joint ventures, trusts and	, 2006	USE ONLY
BMC Group BY H	AND OD	OVERNIGHT DELIVERY TO		
P O Box 911 Attn	USACM	Claims Docketing Center		
El Segundo, CA 90245-0911	East Fr	anklin Avenue	Fi	LED SEP 28 2006
SIGN and print the name and title, if any of the credition caum (attach copy of power of attorney if a	A	er person authorized to file	"	
9-22-64 Tudballa for attorney if a	any)			USA CMC
alty for presenting fraudulent/claim is a fine count to \$500 con				
alty for presenting fraudulent/claim is a fine of up to \$500 000 or imprisonment for up	p to 5 yea	rs or both 18 USC §§ 152 AN	D 3571	1072500330

UNITED STATES BANKRUPTCY COURT PROJECT OF NEVADA	OOF OF CLAIM	
Name of Debtor Case N	umber	
UAS USA Commercial Mortgage		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case A request for payment of an administrative expense may be filed pursuant to 11 U S C § 503	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	
Name of Creditor and Address	statement giving particulars	
LARSON, GARY & Dolores 544 Rolling Hills Dr Mesquite NV 89027	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (アクス ライチ 2 3 9 3	court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor Ha, bor Georgetown Chart 4034	Check here repla	a previously filed claim dated
	benefits as defined in 11 U S	C § 1114(a) Unremitted principal
☐ Services performed ☐ Taxes ☐ Last for	salaries and compensation (ur digits of your SS#	(not for loan balances)
Money loaned Dother (describe briefly), Jeed Unpaid	compensation for services pe	
	COURT JUDGMENT, DATE C	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des	cribe your claim and state the amo	unt of the claim at the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	1	our claim is secured by collateral (including
UNSECURED PRIORITY CLAIM	Real Estate	_
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral	\$
Amount entitled to priority \$Specify the priority of the claim		nd other charges <u>at time case filed</u> included in
Domestic upport obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225 of deposits tow	ard purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	services for personal family of Taxes or penalties owed to go	or household use 11 U S C § 507(a)(7) evernmental units - 11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adju	agraph of 11 U S C § 507(a) () stment on 4/1/07 and every 3 years thereafter nced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ 100 O	,000 06 \$ (secured)	\$ 100,000,00 (priority) (Total)
Check this box if claim includes interest or other charges in addition to the principal	al amount of the claim Attach ite	mized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, running accounts contracts court judgments mortgages security agreement DOCUMENTS If the documents are not available explain. If the documents	such as promissory notes pur nts and evidence of perfection	chase orders invoices itemized statements of of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim		· · · · · · · · · · · · · · · · · · ·
BMC Group BMC Gi	ing Pacific time, on Novemb ions, joint ventures, trusts al DOR OVERNIGHT DELIVERY TO	er 13, 2006 USE ONLY
P O Box 911 1330 Ea	ast Franklin Avenue ndo CA 90245	FILED DEC 1 3 2006
DATE SIGN and print the name and title if any of the creditor	or other person authorized to file	
this claim (attach copy of power of attorney if any	'n Tun	USA CMC
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or intersonment for up to Deloi es LIARSON (CARY LI	o 5 years or poth 18 USC §§ 4 RSON	152 AND 3571

UNITED STATES BANKRUPTCY COURT DATE OF NEVADA	PRC	OF OF CLAIM	9.20 Page	9 01 12
	Case Nu			
USA COMMERCIAL MORTGAGE CO	06-	-10725-LBR		
NOTE: See Reverse for List of Debtors and Case Numbers.				
This form should not be used to make a claim for an administrative experarising after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U.S.C. § 503.		filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address:		statement giving particulars.		
PREGWICK CORP.		Check box if you have never received any notices		
1400 COLORAGO ST SUITE C		from the bankruptcy court or BMC Group in this case.		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
BOULDER CITY NV89005		Check box if this address	ONE OF THE DEB	STORS.
70 0 8 9 00 5		differs from the address on the envelope sent to you by the		ady filed a proof of claim with the or BMC, you do not need to file again.
Creditor Telephone Number (702) 293 4816		court.		E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies de	ebtor:	Check here replace or if this claim amen	a previously	filed claim dated:
1. BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U.S.		☑ Unremitted principal
Goods sold Personal injury/wrongful death		salaries, and compensation (Other claims against servicer
☐ Services performed ☐ Taxes ☐	Last four	digits of your SS #:		(not for loan balances)
Money loaned Other (describe briefly) NOTE SECURKY BY HEEV OF TRUST	Unpaid c	ompensation for services per	rformed from:	4/1/06 to 11/1/06
	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	(date) (date)
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that b				e time case filed.
See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if: a) there is no collateral or lien securing your claim, or b) yo	our claim		our claim is secure	ed by collateral (including
exceeds the value of the property securing it, or if c) none or only part of your entitled to priority.	r claim is	a right of setoff). Brief description of	collateral:4	BOR GEORGETOW N
UNSECURED PRIORITY CLAIM		Real Estate		
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral:		
Amount entitled to priority \$			300	at time case filed included in
Specify the priority of the claim:		secured claim, if any: S	380,00	0.00
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towa services for personal, family, o		
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		
business, whichever is earlier - 11 U.S.C. § 507(a)(4). Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable para	agraph of 11 U.S.C.	§ 507(a) ().
Obtained to all employee belief plan - 11 0.5.C. § 507(a)(5).		* Amounts are subject to adjust with respect to cases commen	stment on 4/1/07 and ced on or after the o	l every 3 years thereafter late of adiustment.
5. TOTAL AMOUNT OF CLAIM \$ \$ 4.	24,0	08.11 \$		\$
AT TIME CASE FILED: (unsecured)	· ·	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	principal a	amount of the claim. Attach iter	mized statement of	all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been credite				
 SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, contracts, court judgments, mortgages, security agr 	reements	s, and evidence of perfection	of lien. DO NOT	ices, itemized statements of SEND ORIGINAL
DOCUMENTS. If the documents are not available, explain. If the doc	cuments	are voluminous, attach a sun	nmary.	
8. DATE-STAMPED COPY: To receive an acknowledgment of the fi proof of claim.				
The original of this completed proof of claim form must be sent be ACCEPTED) so that it is actually received on or before 5:00 pm, p	prevailing	g Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, cor governmental units).	rporation	ns, joint ventures, trusts an	ıd	4.
BY MAIL TO:	Y HAND O	OR OVERNIGHT DELIVERY TO		T NOV A & SAAC
Attn: USACM Claims Docketing Center A	ttn: USA	CM Claims Docketing Center	rile	D NOV 0 6 2006
·		Franklin Avenue lo, CA 90245		
DATE SIGN and print the name and title, if any, of the countries claim (attach copy of power of attorney		other person authorized to file		USA CMC
		MAJGE PRESIDE	NT	
Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment	·			10/2501012

Form B10 (Official Form 10)(10/05)			T .
United States Bankruptcy Court District of N	EVADA		PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	PROOF OF CLAIM		
NOTE This form should not be used to make a claim for an admi	nistrative expense aris	ing after the commencement of the	
case. A "request" for payment of an administrative expense may	be filed pursuant to 11	USC § 503	-
Name of Creditor (The person or other entity to whom the		if you are aware that anyone	E-FILED
debtor owes money or property)		ed a proof of claim relating to	
RAINS PROPERTIES, LP	giving part		
Name & address where notices should be sent		if you have never received any	
DONNA M OSBORN, ESQ	notices from	m the bankruptcy court in this	
Marquis & Aurbach	case		
10001 Park Run Drive		if the address differs from the	
Las Vegas, NV 89145	address on	the envelope sent to you by the	1
Telephone number (702) 382-0711	court		THIS SPACE IS FOR COURT USE ONLY
Account or other number by which creditor identifies	Check here	replaces	
debtor			ited
2761/HARBOR GEORGETOWN	L		
1 BASIS FOR CLAIM	Retiree ben	efits as defined in 11 USC § 1114(a)
☐ Goods sold		aries, and compensation (fill out below	w)
☐ Services performed		st four digits of your SS #	<u> </u>
Money loaned	Unj	paid compensation for services perfor	med
Personal injury/wrongful death			
☐ Taxes	froi	m to (date)	
Other			
2 Date debt was incurred 8/16/04		3 If court judgment, date obtain	1ed
4 Classification of Claim Check the appropriate box or b	oxes that best describ	be your claim and state the amount of	the claim at the time case filed
See reverse side for important explanations			
Unsecured Nonpriority Claim \$		Secured Claim	
☐ Check this box if a) there is no collateral or lien securing		Check this box if your claim is	secured by collateral (including
your claim exceeds the value of the property securing it, or if	c) none or only	a right of setoff)	
part of your claim is entitled to priority		Brief description of col	lateral
Unsecured Priority Claim		1	
Check this box if you have an unsecured claim, all or pa	art of which is	Value of collateral \$U	Motor Vehicle
entitled to priority		value of confactal \$50	ukuowii.
Amount entitled to priority \$			rges at time case filed included in secured
Specify the priority of the claim		claim if any \$300,000 00 Up to \$2,225* of denosits to	ward purchase, lease or rental of property
			or household use- 11 U S C § 507(a)(7)
Domestic support obligations under 11 U S C § 507	(a)(1)(A) or		
(a)(1)(B)		Taxes or penalties owed to g	governmental units 11 USC § 507(a)(8)
☐ Wages, salaries, or commissions (up to \$10,000),* ea	arned within 180	Other-Specify applicable pa	ragraph of 11 U S C § 507(a)()
days before filing of the bankruptcy petition or cessation	of the debtor's		
business, whichever is earlier - 11 U S C § 507(a)(4)			on 4/1/07 and every three years thereafter with
Good but and to an analysis have States 11 M.C.		respect to cases commenced on or af	ter the date of adjustment
Contributions to an employee benefit plan - 11 U S C Total Amount of Claim at Time Case Filed	\$ 507(a)(5)	ባል ባርስ ብርድ	¢ \$200,000,00
5 Total Amount of Claim at Time Case Filed	(unsecured)	\$ <u>300,000 00</u> (secured)	\$\$ <u>300,000 00</u>
Check this box if claim includes interest or other cha			(priority) (total)
additional charges	ages in addition w	the principle amount of the craim	Attach demized statement of an interest of
6 Credits The amount of all payments on this claim ha	s been credited and	deducted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim		- F-P	
7 Supporting documents Attach copies of supporting	documents, such as	promissory notes purchase	
orders, invoices, itemized statements of running accounts	, contracts, court jud	dgments, mortgages, security	
agreements, and evidence of perfection of lien. DO NOT	SEND ORIGINAL	DOCUMENTS If the	
documents are not available, explain If the documents a	re voluminous, attac	ch a summary	FILED NOV 0 7 2006
8 Date-Stamped copy To receive an acknowledgment	of the filing of your	claim, enclose a stamped, self-	TILLUTTON V & COUU
addressed envelope and a copy of this proof of claim			
Data Commendation of the C			
Date Sign and print the name and title, if	any, of the creditor o	r other person authorized to file	
Date Sign and print the name and title, if this claim (attach copy of power of	any, of the creditor o	r other person authorized to file	USA CMC
Date Sign and print the name and title, if	attorney, 1f any) Donna M (Osborn, Esq	

HE SAME OVERSTRING INC. INC. 09326	PRO	OF OF CLAIM	v.20 Paye	5 II 01 IZ
Name of Debtor	Case Nu	mber		
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	υι αι I	filed a proof of claim relating		Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address:		to your claim. Attach copy of statement giving particulars	DEBTORS YOU D	O <u>NOT</u> HAVE TO FILE A PROOF
11321242037466	6	Check box if you have		INCLUDES MONEY FROM THAT D IN THE COLLECTION ACCOUNT
MONTESANT, RONALD TTEE 5121 BIG RIVER AVENUE		never received any notices from the bankruptcy court or	DO NOT EN E TH	S PROOF OF CLAIM FOR A
LAS VEGAS NV 89130		BMC Group in this case		EST IN A BORROWER THAT IS NOT
the Underpass TRUST		Check box if this address differs from the address on the	If you have alre	ady filed a proof of claim with the or BMC you do not need to file again
Creditor Telephone Number () 152 (55-79.24	ł	envelope sent to you by the court.	, ,	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies of		Check here	ces	
9804		f this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salanes, and compensation (fill out below)	Other claims against servicer (not for loan balances)
☐ Services performed ☐ Taxes ☐ With Money loaned ☐ Other (describe briefly)		r digits of your SS #		•
Money loaned	Unpaid o	compensation for services pe	normed from	(date) (date)
2 DATE DEBT WAS INCURRED 8-16-2004	3 IF C	OURT JUDGMENT, DATE O	BTAINED	from) factor
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descr	ibe your claim and state the amo	unt of the claim at t	ne time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	i i i i i i i i i i i i i i i i i i i	our claim is secur	ed by collateral (including
exceeds the value of the property securing it, or if c) none or only part of your entitled to priority	our claim is	a right of setoff) Brief description of	collateral	
UNSECURED PRIORITY CLAIM	*****	Real Estate		Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		Second 19 1 1974 estimated desired control of the second
Amount entitled to priority \$		1		at time case filed included in
Specify the priority of the claim		secured claim, if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225° of deposits town	and punchase lease	or rental of property or
Wages salaries, or commissions (up to \$10,000)*, animed within 180 days	,	services for personal, family, of Taxes or penalties owed to go		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C \$ 507(a)(4)	누	Taxes or penalties owed to go Other - Specify applicable part		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	i	* Amounts are subject to adju	stment on 4/1/07 an	d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	50,0	with respect to cases commer	iceo on or anerine	\$
AT TIME CASE FILED (unsecured)		secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	,	•	mized statement o	f all interest or additional charges
6 CREDITS. The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS* Attach copies of supporting documents, contracts, court judgments, mortgages, security:	dited and o	deducted for the purpose of n	naking this proof	of claim orces, itemized statements of
DOCUMENTS If the documents are not available, explain. If the	documents	s are voluminous, attach a su	mmary	
B DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5.00 pm	nt by mail	or hand delivered (FAXES I ng Pacific time, on Novemb	NOT er 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships,	corporation	ons, joint ventures, trusts a	nd	
governmental units). BY MAIL TO- BMC Group	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO	•	
Attn USACM Claims Docketing Center	Attn US/	ACM Claims Docketing Center	er	OAAR
P O Box 911 El Segundo CA 90245-0911		st Franklin Avenue ndo CA 90245		ILED OCT 0 2 2006
DATE SIGN and print the name and title if any, of the	he creditor o	or other person authorized to file	T T	
9-28-06 Por all Kum Associations	mey many) ノ ナフ	TEE		USA CMC
Penalty for presenting fraudulent claim is a line of up to \$500,000 or minusonnie	net for un to	Syears or both 1811S.C 88	152 AMD 3571	1072500380

i + 1

College of Section	Love objects	ase 06	-10725-aw	z Doc 849	2-3 Er	itered 06/17/12	1 17:49	9:20 Pag	e 12 of 12	
						OOF OF CL				
Name	e of Debtor	206.00 F NASC -000.00	Miles of the second second second	A Karasi Turan Kul	Case N	umber				
Πc	PA Commer	cial	Mortaage	Commany	06-	10725-LPR				
This fo arising	orm should not be after the comme	e used to mencement o		an administrative equest" for paym		Check box if you aware that anyone el filed a proof of claim	ise has relating			
Nam	JACQL REVOC C/O JA 8804 R LAS VI	r and Ad JELINE BA CABLE LIV ACQUELINI RIO GRAND EGAS NV	dress* RBARA VALIEN ING TRUST	1132124100		to your claim Attach statement giving part Check box if you never received any n from the bankruptcy of BMC Group in this call. Check box if this differs from the addresenvelope sent to you court.	ticulars u have notices court or ase s address ess on the	SECURED INTE ONE OF THE DI If you have al Bankruptcy Cour	ready filed a proof of rt or BMC you do no	WER THAT IS NOT claim with the t need to file again
	or Telephone Nu) 			- COURT		THIS SPA	CE IS FOR COUR	T USE ONLY
			r number by Whit	ch creditor identif	es debtor	Check here [If this claim	replac or amend	a previous	ly filed claim dated	Security of Land
	BIS FOR CLAIM				Retire	benefits as defined a	n 11 U S (C § 1114(a)	Unremitted	pnncipal
□ s	Goods sold Gervices perform	∞ □	Personal injury/ Taxes	wrongful death	N-committee of the committee of the comm	, salanes, and compe ur digits of your SS #	•	ill out below)	Other claim (not for loar	s against servicer balances)
ME N	foney loaned		Other (describe			compensation for se	ervices per	formed from	to (date)	(date)
	TE DEBT WAS I			. 16, 2002	10 11	COURT JUDGMENT,				
4 CLA	ASSIFICATION (reverse side for im	OF CLAIM	Check the appro	opriate box or boxes	that best des	cribe your claim and stat	te the amou	int of the claim at	the time case filed	
I	CURED NONPE					SECURED CL	LAIM			
☐ c	heck this box if a)	there is no o	collateral or lien sec	curing your claim, o	r b) your clain of your claim :	a right of s	setoff)		ured by collateral (including
	CURED PRIORI	TY CLAIM				I	cription of			
	heck this box if you ntitled to priority	u have an un	secured claim, all	or part of which is		✓ Real E Value of C			e Other	
A	mount entitled to p	riority	\$			Amount of arre	earage an		s at time case filed	d included in
1	pecify the priority o omestic support ob		der 11 U S C § 50	7(a)(1)(A) or (a)(1)('В) Г	secured claim	, if any \$	<u>Unknov</u>	7n	
□ w	ages, salanes, or efore filling of the be	commissions ankruptcy pe	s (up to \$10 000)*	earned within 180 of the debtor's	1	services for persona	al, family or	household use -	e or rental of proper 11 USC § 507(a)(7 11 USC § 507(a))
			I1 USC § 507(a) mefit plan - 11 US		Ī	Other - Specify appli	licable para ect to adjust	graph of 11 US (Iment on 4/1/07 a	C § 507(a) ()	
5 TO	AL AMOUNT O	E CLAIM	*		• 50	with respect to case	s comment	ed on or after the	e date of adjustment.	
	TIME CASE FIL		•			000 \$			<u> </u>	
Ch	eck this box if cla	ım includes	•	secured) harges in addition ((secured) Il amount of the claim	Attach iten	(prionty) nized statement		(Total) itional charges
7 SU	PPORTING DO	OCUMEN contracts, co	TS <u>Attach copie</u> ourt judgments, i	es of supporting of	iocuments.	deducted for the purp such as promissory no its, and evidence of p s are voluminous, att	otes purd	hase orders in	worde demonded	atements of AL
8 DA	TE-STAMPED of of claim	COPY	To receive an ad	cknowledgment o	if the filing of	your claim, enclose a	a stamped	, self-addresse	d envelope and co	py of this
for	CEPTED) so the each person or remmental units	at it is actu r entity (inc	Jally received or	n or before 5 00	pm, prevail s, corporati	or hand delivered (ing Pacific time, on lons, joint ventures,	Novembe trusts an	r 13, 2006	1	FOR COURT ONLY
Attr	MAIL TO C Group 1 USACM Claim D Box 911 Segundo, CA 902		g Center		Attn US 1330 Ea	ACM Claims Docketii st Franklin Avenue			ILED NOV	10 2006
DATE	- gui NV, V/ 30/		and print the nar	ne and title if any	of the creditor	ndo CA 90245 or other person authoriza	rad to file		-	
101	131106		this claim (attach	copy of power of a	ittomey if any	Jagnolino B	oho ruste	Valueto,		SA CMC
Penalty	for presenting freu	idulent claim				5 years or both 1811		E0 4ND 2574	107	2501172